

# Mobile Food Service Health Permit Application

## Environmental Health Services Division

Davis County Health Department

22 South State Clearfield

P.O. Box 618 Farmington, UT 84025

801-525-5128, TDD 801-451-3228

Fax: 801-525-5119

**Please provide a schedule with this application**

Establishment's Name

Establishment Phone #

E-mail Address

Truck #

License #

Route #

### Invoice Address

Name

Street/P.O. Box

City

State

Zip

### Mailing Address

Name

Street/P.O. Box

City

State

Zip

### Owner Information

Corporation Name

Name

Phone Number

Street/P.O. Box

City

State

Zip

☐ Individual ☐ Partnership ☐ L.L.C. ☐ Corporation ☐ Other

### Hours of Operation:

Requested permit will be issued only after a satisfactory pre-opening inspection has been conducted and the required permit fee has been received. Operating a food service establishment prior to permit issuance, other than an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Food Service Sanitation Rules and Regulations. This permit is revocable for non-compliance.

**I agree to comply with all laws governing food service in Davis County.**

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Amount Paid: \_\_\_\_\_